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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Marino for Congress PO Box 653 ADDRESS (number and street) (Check if address is changed) Williamsport 17703 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS chris@electioncfo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.tommarinoforcongress.com/ (Check if address is changed) DATE 03 2015 C00475145 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Chris Marston Type or Print Name of Treasurer Chris Marston [Electronically Filed] 12 03 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FF0 <b>=</b>	4 (Davised 02/2000)	Dava 9
		rm 1 (Revised 02/2009) OMMITTEE	Page <b>2</b>
		e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below	)
(b)	×	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Nam Can	e of didate	Thomas Anthony Marino	<u> </u>
	didate y Affiliati	on REP Office X House Senate President	State PA District 10
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(5 );
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	mittees Participating in Joint Fundraiser	
	1.	VICTORY FOR PENNSYLVANIA FUND FEC ID number C COO	0577031
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised C		Page 3
Write or Type Committee Name		
Marino for Cong		
6. Name of Any Connected O	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
Mailing Address		
	CITY STATE Z	IP CODE
Relationship: Connected	I Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
<ul> <li>Custodian of Records: Iden books and records.</li> </ul>	tify by name, address (phone number optional) and position of the person in posso	ession of committee
Chris Mars	ston	ı
Full Name	PO Box 26141	
Mailing Address		
	Alexandria VA 22313	
Title or Position	CITY STATE Z	IP CODE
Assistant Treasurer	Telephone number	
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	e and address of
Full Name Howard Ro	othenberg	1
of Treasurer	102 Sturbridge Rd	
Mailing Address		
	Clarks Summit	
		P CODE
Title or Position Treasurer		

	1 (Revised 02/2009)	
Full Name of Designated Agent	Brenda Hankins	
Mailing Address	PO Box 26141	
	Alexandria VA 22313	
	CITY STATE ZIP CO	DDE
Title or Position Assistant Treasu	rrer Telephone number	
Ranks or Other	Denocitorios: List all banks or other denocitories in which the committee denocits funds, holds access	inte ronte
safety deposit box	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds accounted or maintains funds.	ints, rents
safety deposit box	xes or maintains funds.	ants, rents
safety deposit box Name of Bank, D	xes or maintains funds. Depository, etc.	inis, rents
safety deposit box Name of Bank, D	xes or maintains funds.	III.S, TEIRS
safety deposit box Name of Bank, D	ves or maintains funds. Depository, etc.  Jersey Shore Bank	
safety deposit box Name of Bank, D	ves or maintains funds. Depository, etc.  Jersey Shore Bank	- L L L
safety deposit box Name of Bank, D	Jersey Shore Bank  300 Market St	
safety deposit box Name of Bank, D	Depository, etc.  Jersey Shore Bank  300 Market St  Williamsport  PA 17701  CITY STATE ZIP CO	
safety deposit box Name of Bank, D  Mailing Address	Depository, etc.  Jersey Shore Bank  300 Market St  Williamsport  PA 17701  CITY STATE ZIP CO	
safety deposit box Name of Bank, D  Mailing Address  Name of Bank, D	Depository, etc.  Jersey Shore Bank  300 Market St  Williamsport  CITY  STATE  ZIP CO Depository, etc.	
safety deposit box Name of Bank, D  Mailing Address	Depository, etc.  Jersey Shore Bank  300 Market St  Williamsport  CITY  STATE  ZIP CO  PNC, N.A.	
safety deposit box Name of Bank, D  Mailing Address  Name of Bank, D	ves or maintains funds.  Depository, etc.  Jersey Shore Bank  300 Market St  Williamsport  CITY  STATE  ZIP CO  Depository, etc.  PNC, N.A.  249 Fifth Ave	
safety deposit box Name of Bank, D  Mailing Address  Name of Bank, D	Depository, etc.  Jersey Shore Bank  300 Market St  Williamsport  CITY  STATE  ZIP CO  PNC, N.A.	

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. ı Şuntrust Bank PO Box 4418 Mailing Address 30302 GΑ Atlanta CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ ADDITIONAL ] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number